

PURVIS DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-006507

STATE FILE NUMBER

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 838

UNRECORDED

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
Length of stay in lb <u>8 Months</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Menorah Medical Center</u>		d. STREET ADDRESS (If outside, give location) <u>3503 Paseo</u>	
3. NAME OF DECEASED (Type or print) First <u>RANDALL</u> Middle <u>E.</u> Last <u>GILLESPIE</u>		4. DATE OF DEATH Month <u>February</u> Day <u>12</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-22-1899</u>
9. AGE (last birthday) <u>62</u>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Oil-field Equipment</u>	
11. BIRTHPLACE (City and state or country) <u>Bridgeport, Illinois</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Fred A. Gillespie</u>		13b. MOTHER'S MAIDEN NAME <u>Laura Belle Fullilove</u>	
14. NAME OF HUSBAND OR WIFE <u>Marion J. Gillespie</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u> </u>		17. INFORMANT <u>Mrs. Marion J. Gillespie, Kansas City, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Empyema, extensive, left Thorax</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Psoas abscess, left (2x5 cm)</u> DUE TO (c) <u>Status postop. total gastrectomy + left colectomy</u>		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m. Month, Day, Year <u> </u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY <u> </u> STATE <u> </u>	
21. I attended the deceased from <u>2-11-62</u> to <u>2-12-62</u> and last saw him alive on <u>2-12-62</u> Death occurred at <u>2:35 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Robert A. Kurth</u> (Degree or title) <u>MD</u>		22b. ADDRESS <u>15828 Reads Road, Kansas City, Mo.</u>	
22c. DATE SIGNED <u>2/12/62</u>		22d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2-14-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moriah</u>	
24. FUNERAL DIRECTOR <u>Freeman Mortuary, Kansas City, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>2-13-62</u>	
26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>			

(Licensed Embalmer's Statement on Reverse Side)

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

Robert Kurth

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

Dr. Ralt Kurets
5828 Rudes Rd.
HE 2-2080
2:00 - 5:30 PM.
MONDAY

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Clayton Barnes

Licensed Embalmer No. 4793

P. O. Address F. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.